

**Fill in this information to identify your case:**

<b>Debtor 1</b>	<b>Alice</b> First Name	<b>Evans</b> Middle Name	Last Name
<b>Debtor 2 (Spouse, if filing)</b>	<b>Monwell</b> First Name	<b>Evans</b> Middle Name	Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF TEXAS</b>			
<b>Case number (if known)</b>	<b>12-41369-MXM</b>		

**Check if this is:**

- An amended filing

A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## **Part 1: Describe Employment**

- 1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal,  
or self-employed work

Occupation may include student or homemaker, if it applies.

<b>Debtor 1</b>	<b>Debtor 2 or non-filing spouse</b>				
<b>Employment status</b>	<input checked="" type="checkbox"/> Employed	<input checked="" type="checkbox"/> Employed			
	<input type="checkbox"/> Not employed	<input type="checkbox"/> Not employed			
<b>Occupation</b>	<u>Part-time Center Manager</u>		<u>Porter</u>		
<b>Employer's name</b>	<u>Dallas County</u>		<u>Vallet Waste</u>		
<b>Employer's address</b>	<u>Dept. of Health &amp; Human Svcs.</u>				
	Number Street	Number Street			
	_____	_____			
	_____	_____			
	_____	_____			
	_____	_____			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>How long employed there?</b>			<b>1 month</b>		
			<b>1 week</b>		

#### **Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.**

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. <u>\$1,586.00</u>	<u>\$975.00</u>
3. Estimate and list monthly overtime pay.	3. + <u>\$0.00</u>	<u>\$0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. <u>\$1,586.00</u>	<u>\$975.00</u>

First Name Middle Name Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here .....	4. <u>\$1,586.00</u>	<u>\$975.00</u>
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. <u>\$159.54</u>	<u>\$134.34</u>
5b. Mandatory contributions for retirement plans	5b. <u>\$111.02</u>	<u>\$0.00</u>
5c. Voluntary contributions for retirement plans	5c. <u>\$0.00</u>	<u>\$0.00</u>
5d. Required repayments of retirement fund loans	5d. <u>\$0.00</u>	<u>\$0.00</u>
5e. Insurance	5e. <u>\$0.00</u>	<u>\$0.00</u>
5f. Domestic support obligations	5f. <u>\$0.00</u>	<u>\$0.00</u>
5g. Union dues	5g. <u>\$0.00</u>	<u>\$0.00</u>
5h. Other deductions. Specify: _____	5h. + <u>\$0.00</u>	<u>\$0.00</u>
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. <u>\$270.56</u>	<u>\$134.34</u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. <u>\$1,315.44</u>	<u>\$840.66</u>
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. <u>\$0.00</u>	<u>\$0.00</u>
8b. Interest and dividends	8b. <u>\$0.00</u>	<u>\$0.00</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive  Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. <u>\$0.00</u>	<u>\$0.00</u>
8d. Unemployment compensation	8d. <u>\$0.00</u>	<u>\$0.00</u>
8e. Social Security	8e. <u>\$0.00</u>	<u>\$0.00</u>
8f. Other government assistance that you regularly receive  Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: _____	8f. <u>\$0.00</u>	<u>\$0.00</u>
8g. Pension or retirement income	8g. <u>\$0.00</u>	<u>\$0.00</u>
8h. Other monthly income. Specify: <u>See continuation sheet</u>	8h. + <u>\$990.50</u>	<u>\$0.00</u>
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <u>\$990.50</u>	<u>\$0.00</u>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. <u>\$2,305.94</u>	<u>+ \$840.66 = \$3,146.60</u>
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + <u>\$0.00</u>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.	12. <u>\$3,146.60</u>	<u>Combined monthly income</u>
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No.	Joint Debtor is looking for full-time employment.	
<input checked="" type="checkbox"/> Yes. Explain: _____		

1. Additional Employers Debtor 1 Debtor 2 or non-filing spouse

Occupation	<u>Home Health Care Provider</u>	
Employer's name	<u>Safeway Healthcare Services, Inc.</u>	
Employer's address	<u>2321 S. Beltline Rd., Suite 110</u>	

<u>Grand Prairie</u>	<u>TX</u>	<u>75051</u>	
City	State	Zip Code	City

How long employed there? 5 months

8h. Other Monthly Income (details)

	<u>For Debtor 1</u>	<u>For Debtor 2 or non-filing spouse</u>
<u>Safeway Gross Income</u>	<u>\$544.05</u>	<u>_____</u>
<u>Safeway Ded (FIT, SS, Medicare)</u>	<u>(\$73.55)</u>	<u>_____</u>
<u>Cleaning and babysitting</u>	<u>\$520.00</u>	<u>_____</u>
Totals:	<u>\$990.50</u>	<u>\$0.00</u>

**Fill in this information to identify your case:**

Debtor 1	<b>Alice</b> First Name	<b>Evans</b> Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Monwell</b> First Name	<b>Evans</b> Middle Name	Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF TEXAS</b>			
Case number (if known)	<b>12-41369-MXM</b>		

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

**Official Form 106J****Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household****1. Is this a joint case?**

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Daughter	16	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes

**3. Do your expenses include expenses of people other than yourself and your dependents?**

No  
 Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

**4. The rental or home ownership expenses for your residence.**

Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes

**Your expenses**

4. \$970.00

4b. Property, homeowner's, or renter's insurance

4a. \_\_\_\_\_

4c. Home maintenance, repair, and upkeep expenses

4b. \_\_\_\_\_

4d. Homeowner's association or condominium dues

4c. \$50.00

4d. \_\_\_\_\_

First Name Middle Name Last Name

		<u>Your expenses</u>
5.	Additional mortgage payments for your residence, such as home equity loans	5. _____
6.	<b>Utilities:</b>	
6a.	Electricity, heat, natural gas	6a. _____ \$250.00
6b.	Water, sewer, garbage collection	6b. _____ \$60.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	(See continuation sheet(s) for details) 6c. _____ \$200.00
6d.	Other. Specify: _____	6d. _____
7.	Food and housekeeping supplies	(See continuation sheet(s) for details) 7. _____ \$620.00
8.	Childcare and children's education costs	8. _____
9.	Clothing, laundry, and dry cleaning	9. _____ \$45.00
10.	Personal care products and services	10. _____ \$15.00
11.	Medical and dental expenses	11. _____ \$20.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. _____ \$325.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. _____ \$120.00
14.	Charitable contributions and religious donations	14. _____
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. _____ \$129.00
15b.	Health insurance	15b. _____
15c.	Vehicle insurance	15c. _____ \$200.00
15d.	Other insurance. Specify: _____	15d. _____
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. _____
17.	<b>Installment or lease payments:</b>	
17a.	Car payments for Vehicle 1	17a. _____
17b.	Car payments for Vehicle 2	17b. _____
17c.	Other. Specify: _____	17c. _____
17d.	Other. Specify: _____	17d. _____
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. _____
19.	Other payments you make to support others who do not live with you. Specify: _____	19. _____
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	20a. _____
20b.	Real estate taxes	20b. _____
20c.	Property, homeowner's, or renter's insurance	20c. _____
20d.	Maintenance, repair, and upkeep expenses	20d. _____
20e.	Homeowner's association or condominium dues	20e. _____

21. Other. Specify: \_\_\_\_\_ 21. + \_\_\_\_\_

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$3,004.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.

22b. \_\_\_\_\_

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$3,004.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$3,146.60

23b. Copy your monthly expenses from line 22c above.

23b. -\$3,004.00

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$142.60

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here:  
**None.**

6c. Telephone, cell phone, Internet, satellite, and cable services (details):

3 cellular phones	\$200.00
Total:	<input type="text" value="\$200.00"/>

7. Food and housekeeping supplies (details):

Groceries	\$600.00
Housekeeping Supplies	\$20.00
Total:	<input type="text" value="\$620.00"/>

## Fill in this information to identify your case:

Debtor 1	<u>Alice</u> First Name	<u>Evans</u> Middle Name	<u>Evans</u> Last Name
Debtor 2 (Spouse, if filing)	<u>Monwell</u> First Name	<u>Evans</u> Middle Name	<u>Evans</u> Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF TEXAS</u>			
Case number (if known)	<u>12-41369-MXM</u>		

Check if this is an amended filing

## Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

Alice Evans  
Alice Evans, Debtor 1

X

Monwell Evans  
Monwell Evans, Debtor 2

Date

3-15-16

MM / DD / YYYY

Date

MM / DD / YYYY